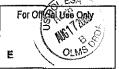
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U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 232	2. Fiscal Year Covered From:	
	第/都/配据 Through: [2/3] / 24	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name PRAMY AND DESCRIPTIONS	Name Za 667 za 2 4 ca 366 c	
•	Labor Organization File Number 214-223	
P.O. Box, Bldg., Room No., If any	P.O. Box, Building and Room Number, if any	
Street	Street Street	
City City Control of the Control of	City Carlot Carl	
State ZIP Code +4	State ZIP Code + 4	
5. Position In labor organization.		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		

6. Name and address of Employer (Including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, If any:	
P.O. Boy Rida Room No. If any	
Street	7.b. Amount
City	
State ZIP Code + 4	- man more is the measurement of the control of the second

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

1 L. Outon

On 2/1/2015

Telephone Number

Form LM-30 (2003)

File Number U-

Name of Person Filing

P Mold on internal in market with	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	a. Labor Organization E. B. Trust
P.O. Box, Bldg., Room No., If any	c. Employer
Street	marca
City City City City City City City City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a, Nature of such dealing.
Name	
Trade Name, If any:	
P.O. Box, Bldg., Room No., if any	
Street Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of Interest held or income received.
State ZIP Code + 4	
	12.b, Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13 a Newe and add marke, Fany):	14.a. Neture of payment
Name in the second seco	14. a. Neturn of payment.
Trade Name, if any:	
P.O. Box, Bldg., Room No., If any	
Street	
City	
State ZIP Code + 4	

14.b, Amount of payment,

13.b. Is the Business an Employer

or Consultant

August 15, 2005



US Department of Labor Employee Standards Administration Office of Labor-Management Standards 200 Constitution Avenue, NW Room N-5616 Washington, DC 20200

RE: Form LM-30 Filing

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adapted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so; I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

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Sincerely